



# HARVARD UNIVERSITY UNIVERSAL EXPENSE FORM

**EMPLOYEE TYPE OR AFFILIATION**

- ☐ Harvard Employee  
☐ Affiliate/Harvard Student/Casual/Stipend - *complete shaded areas*  
☐ Invited Guest/Visitor - *complete shaded areas*

**PAYMENT TYPE** (CHECK ONLY ONE)

- ☐ Out of Pocket  
☐ American Express Corporate Card  
Reimbursement Method (Check only one)  
☐ Direct Deposit  
☐ Paper Check

Date:	Reimbursee or Cardholder Name:	Web Voucher/PO#:
Social Sec/Tax ID#:	Harvard ID#:	US Citizen or Permanent Resident: _____ Yes _____ No Permanent Residents - Resident Alien Card # _____ If you are not a US Citizen or Permanent Resident, provide: Visa Type: _____ Country of Tax Residency: _____

**BUSINESS PURPOSE** (Detailed reason for expenditure. For travel or entertainment, include person and/or organization visited and location. Also include expense date range. List additional business purposes on page 2.)

Date(s) of expense(s)

#1		
#2		
#3		
#4		
#5		

**SUMMARY OF EXPENSES** (Room for additional expenses is available on page 2)

Business Purpose#	Description (date, detail, etc...)	Air/Rail Travel	Ground Trans.	Lodging	Business Meals	Other	Total				
Subtotals from page 2, if applicable:											
<b>LESS ADVANCES</b>							\$				
<b>EXPENSE REPORT TOTAL:</b>							\$				
<b>TOTAL AMOUNT OF RECEIPTS UNDER \$75</b>		\$									
REIMBURSEE: I certify that these are all legitimate Harvard University business expenses.											
SIGNATURE:				Date:							
Reimbursee Permanent Legal Address:											
Reimbursee Check Mailing Address, if different than Legal:											

I have reviewed these expenses and all are in accordance with University and Tub policy.

Preparer: \_\_\_\_\_ Phone: \_\_\_\_\_ Approver: \_\_\_\_\_  
(PRINT) (SIGNATURE)

# HARVARD UNIVERSITY UNIVERSAL EXPENSE FORM – SUPPLEMENTAL INFORMATION PAGE \_\_\_\_ OF \_\_\_\_

Reimbursee or Cardholder Name:

Web Voucher/PO#:

## Departmental Accounting

The area below is for departments whose financial office requires this information for processing purposes.

This information will be captured in the Web Voucher System.

Business Purpose#	Amount	Tub (3)	Org (5)	Object (4)	Fund (6)	Activity (6)	Sub (4)	Root (5)
	\$							

## ADDITIONAL BUSINESS PURPOSES OR INFORMATION

Date(s) of expense(s)

#6		
#7		
#8		
#9		

## ADDITIONAL EXPENSES

Business Purpose#	Description (date, detail, etc.)	Air/Rail Travel	Ground Trans	Lodging	Business Meals	Other	Total
	<b>Subtotals, carry to first sheet</b>						

## Hints and policy notes:

1. You may attach an AMEX statement in lieu of completing the description section. Cross-reference business purpose to each item on the statement by writing the business purpose # next to the itemized lines.
2. Please refer to the **Policy at a Glance** or the complete travel policy at [www.travel.harvard.edu](http://www.travel.harvard.edu).
3. To expedite processing, contact the Travel Office at 495-7760 with policy questions prior to submitting this form.